2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2007 8:00 am
Secretary of State
08-03-2007 90021 023 ****61.25

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2nd MOORE CR2E037 (4/07)

DOCUMENT # N42635

1. Entity Name

SAFE ANIMAL SHELTER OF ORANGE PARK, INC.

Principal Place of Business	Mailing Address
2913 COUNTRY ROAD 220 MIDDLEBURG FL 32068 US	P. O. BOX 65597 ORANGE PARK FL 32065 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3054559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RISNER, PAUL E. ESQ 1880 ARLINGTON ST SUITE 210 DOCTORS GARDENS SARASOTA FL 34239-3555	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 5, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATLESTAD, JUNE 3626 SCIOTO CT GREEN COVE SPRINGS FL 32043	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nancy Ryan 2 Forest St Green Cove Springs, Fl 32043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARDROFF, LAURA 1802 ALDER DR. ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Lorna Gross 592 Clermont Ave S Orange Park, Fl 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CUMMINS, REBECCA A 7021 PINE BREEZE LN ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Marty Cheek 2256 Harbor Lake Dr Orange Park Fl 32003	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WESLEY, JANET 7254 ARROW POINT TRAIL S JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYNE, NANCY 1724 MARY BETH CT MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRIGHT, DON 3408 WILDERNESS CIR MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca A. Cummins Rebecca A. Cummins 7/26/07 904 276 7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #